

EXHIBIT 35

Anthem Health

PREPARATION DATE

07/01/96

ATTN: NADER SALAH
WAMY INTERNATIONAL INC
4516 OLD COLUMBIA PIKE
ANNANDALE, VA 22003

RE: LAPSE NOTICE

DEAR PLANHOLDER:

AS OF 07/01/96, PAYMENT HAS NOT BEEN RECEIVED FOR THE MONTHLY CHARGES UNDER PLAN NUMBER L-68789 FOR THE FOLLOWING MONTHS:

PAST DUE COVERAGE CHARGES

JUNE	\$293.98
JULY	\$2,695.80
TOTAL DUE	\$2,989.78

SINCE THERE IS NO GRACE PERIOD UNDER THE PLAN AND PAYMENT OF MONTHLY CHARGES MUST BE RECEIVED BY THE FIRST DAY OF EACH MONTH, THIS LAPSE IN PAYMENT HAS RESULTED IN TERMINATION OF YOUR COVERAGE EFFECTIVE JUNE 01, 1996.

IF YOU HAVE ALREADY SUBMITTED PAYMENT OF THESE CHARGES, PLEASE CONTACT US ON OUR TOLL-FREE NUMBER SO THAT WE CAN INVESTIGATE THE SITUATION. IF PAYMENT HAS NOT ALREADY BEEN SENT, YOU MAY APPLY FOR REINSTATEMENT OF COVERAGE BY COMPLETING THE ENCLOSED EMPLOYER'S REQUEST FOR REINSTATEMENT FORM AND SENDING IT WITH PAYMENT OF ALL PAST DUE COVERAGE CHARGES TO ANTHEM HEALTH & LIFE INSURANCE COMPANY BEFORE JULY 15.

PLEASE MAIL THIS NOTICE WITH THE REINSTATEMENT FORM AND THE TOTAL AMOUNT DUE TO: ANTHEM HEALTH
P.O. BOX 15244
NEWARK, NJ 07192

FOR BILLING/ADMINISTRATIVE INQUIRIES PLEASE CALL TOLL FREE
1-800-221-3231

MET MONTHLY CHARGE STATEMENT



EMPLOYEE SECURITY PROGRAM

WAMY INTERNATIONAL INC

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PLAN NUMBER L-68789

STATEMENT DUE DATE 07/01/96

VOLUMES

AMOUNTS DUE

EMPLOYEE NAME	CERT. NO.	SOCIAL SECURITY	LIFE/ADD	MEDICAL EXCESS	WEEKLY INCOME	LIFE/ADD	MEDICAL EXCESS	WEEKLY INCOME	MAJOR MEDICAL	DENTAL	TOTAL
ABU-HUWAIL, ASSAM M	A0001	[REDACTED]	15000			4.31			118.66	24.02	146.99
CAHMED, JAWAD	A0004	[REDACTED]									
TERMINATED											
EMPLOYEE RETRO FROM 04/01/96						12.93-			310.89-	65.58-	389.44
ABINLADEN, ABDULLAH A.	A0005	[REDACTED]	15000			4.31			118.66	24.02	146.99
SPOUSE/CHILD(REN) COVERAGE									493.79	58.10	551.89
EMPLOYEE RETRO FROM 05/01/96						8.62			237.32	48.04	293.99
DEPENDENT RETRO FROM 05/01/96									987.58	116.20	1103.77
SALAH, NADER J	A0003	[REDACTED]	15000			4.83			136.85	25.79	167.44
SPOUSE/CHILD(REN) COVERAGE									491.95	56.73	548.68
TOTALS			45000			9.14			2273.92	287.32	2570.33

NUMBER OF UNITS:
EMPLOYEE 3
SPOUSE 2
CHILDREN 2

THIS PREMIUM STATEMENT INCLUDES ALL TERMINATIONS AND/OR PREMIUM ADJUSTMENTS RECEIVED BY THE FIRST OF THE MONTH PRECEDING THE ABOVE PREPARATION DATE. PLEASE REPORT ANY CORRECTIONS TO THESE ADJUSTMENTS WITHIN 10 DAYS OF RECEIPT.

FOR ALL CLIENT SERVICE INQUIRIES, AND
VERIFICATION OF BENEFITS, PLEASE CALL
TOLL FREE:

1-800-221-3231

* (A) CURRENT CHARGES 2570.38 *
* (B) ADJUSTMENTS *
* (C) ADMINISTRATION FEE 30.00 *
* (D) TOTAL CURRENT DUE (A)+(B)+(C) 2600.38 *
* (E) PRIOR DUE 1282.54 *
* (F) PAYMENT(S) RECEIVED 893.14 *
* (G) TOTAL DUE THIS BILL (D)+(E)-(F) 2989.78 *

NET MONTHLY CHARGE STATEMENT**Anthem Health**

PLAN NUMBER L-68789

EMPLOYEE SECURITY PROGRAM
WAMV INTERNATIONAL INC

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STATEMENT DUE DATE 07/01/96

PREPARATION DATE 06/06/96

IMPORTANT REMINDERS

- PREMIUMS MUST BE RECEIVED BY THE DUE DATE SHOWN. THERE IS NO GRACE PERIOD! DO NOT JEOPARDIZE YOUR INSURANCE COVERAGE BY CANCELLATION RESULTING FROM LATE PAYMENTS.
- ALWAYS PAY THE TOTAL DUE AMOUNT TO ENSURE UNINTERRUPTED COVERAGE.
- RETURN THE REMITTANCE PAGE OF THIS STATEMENT WITH YOUR PAYMENT.
- PLEASE BE SURE TO INCLUDE YOUR PLAN NUMBER ON YOUR CHECK AND ALL OTHER CORRESPONDENCE.
- THE EMPLOYEE AND DEPENDENT STATUS CHANGES LISTED AS ITEMS #7 THROUGH #14 ON THE ENCLOSED REMITTANCE PAGE MAY BE REQUESTED BY TELEPHONE(1-800-221-3231), FAX (1-800-952-1975), OR BY COMPLETING THE DESIGNATED SECTION AND RETURNING IT WITH YOUR PAYMENT.
- YOU NEED TO APPLY FOR COVERAGE ON NEW EMPLOYEES. APPLICANTS ARE NOT COVERED UNTIL PREMIUM CHARGES APPEAR ON THE BILL AND APPROPRIATE PAYMENTS ARE MADE. YOU ARE RESPONSIBLE FOR FAILURES TO REPORT.
- ALL ADJUSTMENTS RECEIVED BY THE DUE DATE WILL APPEAR ON THE NEXT STATEMENT. ADJUSTMENTS RECEIVED AFTER THAT DATE WILL APPEAR ON SUBSEQUENT STATEMENTS.

For Your Records:

Date Paid _____

Check Number _____